



United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

Section A: National Data System Coding (i.e., PCS)

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>
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91 <input type="checkbox"/>	92 <input type="checkbox"/>	93 <input type="checkbox"/>	94 <input type="checkbox"/>	95 <input type="checkbox"/>	96 <input type="checkbox"/>
97 <input type="checkbox"/>	98 <input type="checkbox"/>	99 <input type="checkbox"/>	100 <input type="checkbox"/>	101 <input type="checkbox"/>	102 <input type="checkbox"/>

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Affordable Development Park LLC Caryville Limestone TN0079782 campbell County	Entry Time/Date 8:55 6-19-2013	Permit Effective Date 4-8-2013
	Exit Time/Date 9:30 6-19-2013	Permit Expiration Date 4-7-2018
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mr. Bobby Adkins, Managing Member 423-562-4628	Other Facility Data (e.g., SIC NAICS, and other descriptive information) Test Disturbance only, stormwater best management practices are in place and working. No discharge from the affected area, site inactive at this time.	
Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Bobby Adkins, Managing Member PO Box 910 Caryville TN 37714 423-562-4628	Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Self-Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input type="checkbox"/> Records/Reports	<input type="checkbox"/> Compliance Schedules	<input checked="" type="checkbox"/> Pollution Prevention	
<input type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
Robert M. Brooks	DWR-SM 865-594-5548	6-19-13
Bruce Ragon	DWR-SM 865-594-5547	
Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Numbers	Date